

FUNDING REQUEST FORM

Conference focus ***GREATER*** than sixty percent (60%) EMS

*Please submit one form per class or instructional period,
at least 45 days prior to the conference date.*

Conference Information “Part A” is to be used for conferences requesting **funding for a track**.
Conference Information “Part B” is to be used for conferences requesting **funding for individual classes**.

CONFERENCE INFORMATION “Part A” (Funding for a Track of Classes):

*The Nebraska Emergency Medical Services Program will be recognized as a participant in the
funding on all promotional materials.*

Conference Name _____

Contractor Name _____

Date of Conference _____

Track Title _____

Track Instructor(s) _____

Total time of conference track sessions _____ Hours _____ Minutes

CLASS INFORMATION:

Primary method of instruction: Lecture _____ Skills _____ Lecture and skills _____

Please list the title, instructional goal(s), and the cost for each class taught in the track.

1) Class Title _____

Instructional Goal(s) _____

Cost \$ _____

2) Class Title _____

Instructional Goal(s) _____

Cost \$ _____

3) Class Title _____

Instructional Goal(s) _____

Cost \$ _____

4) Class Title _____

Instructional Goal(s) _____

Cost \$ _____

5) Class Title _____

Instructional Goal(s) _____

Cost \$ _____

6) Class Title _____

Instructional Goal(s) _____

Cost \$ _____

Total Cost of Classes \$ _____**OTHER EXPENSES:**

Travel Fee (Mileage @ \$.44.5 X mile / airline approximate cost) \$ _____

Classroom Rental \$ _____

Instructional Materials \$ _____

(Note: Materials are instructional aids used specifically for teaching a class.)

List the materials you expect to use and the approximate cost per item:

MaterialApproximate Cost**Total Other Expenses \$** _____**Total Payment Requested for Conference Track \$** _____*(total cost of classes + total other expenses)*

*To receive funding, the **mileage/travel calculation**, **signed invoices**, **receipts for materials**, **each class roster**, and the **conference brochure** must be submitted to the State of Nebraska EMS Program.*

Approved: Yes No**Disapproval:****Approved by:****Reason:****Date:****Amount Approved \$** _____

CONFERENCE INFORMATION “Part B” (Funding for Indiv. Classes):

The Nebraska Emergency Medical Services Program will be recognized as a participant in the funding on all promotional materials.

CONFERENCE INFORMATION:

Conference Name _____ Date _____

Contractor Name _____

Total number of classes being taught during the conference _____

Total number of EMS classes being taught during the conference _____

CLASS INFORMATION:

Class Title _____

Instructional Goal(s): _____

Primary method of instruction: Lecture _____ Skills _____ Lecture and skills _____

Length of training (class or continued session) _____ Hour(s) _____ Minutes

Class Instructor _____

Instructor's Address _____

INSTRUCTOR FUNDING:

Instructor will teach _____ hours X amount paid \$ _____ per hour = Total payment for instructor of \$ _____

Example: Instructor will teach 6 hours X amount paid (\$50.00 per hour) = Total payment of \$300.00. The amount listed on the form cannot exceed the amount paid to the instructor (the Nebraska EMS Program will pay up to \$50.00 per hour for instruction).

Total Cost of Classes \$ _____

OTHER EXPENSES:

Travel Fee (Mileage @ \$.44.5 X mile / airline approximate cost) \$ _____

Classroom Rental \$ _____

Instructional Materials \$ _____

(Note: Materials are instructional aids used specifically for teaching a class.)

List the materials you expect to use and the approximate cost per item:

MaterialApproximate Cost**Total Other Expenses \$** _____**Total Payment Requested for Individual Classes \$** _____
(total cost of classes + plus total other expenses)*To receive funding, the **mileage/travel calculation**, **signed invoices**, **receipts for materials**, **each class roster**, and the **conference brochure** must be submitted to the State of Nebraska EMS Program.***Approved: Yes No****Disapproval:****Approved by:****Reason:****Date:****Amount Approved \$** _____